FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ALR-0010 B. WING 08/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3050 MILITARY ROAD NW INGLESIDE AT ROCK CREEK WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) R 000 Initial Comments R 000 An annual survey was conducted at the Ingleside at Rock Creek Assisted Living Residence (ALR) on 07/31/18 through 08/01/18 to determine compliance with the Assisted Living Law. The ALR provided care for seven residents and employed 14 personnel to include professional and administrative staff. The findings of the survey were based on observations, record reviews, and interviews. Listed below are abbreviations used throughout the body of this report: ALA - Assisted living Adminstrator ALR - Assisted Living Residence ISP - Individualized Service Plan PT - Physical Therapy IDT - Interdisciplinary Team LPN - Licensed Practical Nurse RN - Registered Nurse CPR - Cardiopulmonary Resuscitation 1. Admission contract has been 08/31/18 updated to include the required 45 day R 464 Sec. 603a6 Financial Agreements notice. A letter of notification will be sent R 464 to all existing residents in the ALF (6) A provision which provides at least 45 days regarding the updated notification notice of any rate increase except if necessitated requirements. by a change in the resident's medical condition; Based on record review and interview, the ALR 2. ALF Admission contracts will be failed to include in the financial agreement that 08/31/18 residents are to be given at least a 45-day notice compared to ALF regulations of any rate increases except if necessitated by a annually to ensure compliance change in the resident's medical condition for one of required notification. of one newly admitted resident (Resident #2). 3. Administrator or designee will 09/13/18 Findings included: audit all new ALF contracts to Review of Resident #2's financial agreement on ensure the required 45 notice is 08/01/18 at 11:50 AM showed that the resident included and report findings in QAPI. was admitted to the ALR on 01/10/18. Continued Health Regulation & Licensing Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

ADMINISTRATION

(X8) DATE

PRINTED: 08/22/2018

STATE FORM

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R 464	Continued From page	ge 1	R 464			
9 9 9 4 1	documented the foll increased at the dis Directors. Anytime value for an item or service service, we will prove representative with a notice." During an interview of ALA stated that the ABO-day notice for any going forward the ALI given a 45-day notificate the time survey, the Resident #2's financiar ovision that the resident service for any solution of the time survey.	on 08/01/18 at 3:00 PM, the ALR provided residents with a rate increases. However, A will ensure residents are				
(ec. 604d Individualia d) The ISP shall be	reviewed 30 days after	R 483	Service plans have been update resident #1, #2 and #3.	for 08/31/18	
admission and at least every 6 months thereafter. The ISP shall be updated more frequently if there is a significant change in the resident's condition. The resident and, if necessary, the surrogate shall be invited to participate in each			2. Staff will be educated regarding service plan requirements and service plan interdisciplinary team requirements.			
ar re the At Ba fai ev	n interdisciplinary tea sident's healthcare e resident's surroga LR. ased on record revie led to ensure reside ery 6 months or upo	eview shall be conducted by am that includes the practitioner, the resident, te, if necessary, and the lew and interview, the ALR ents' ISPs were reviewed lated more frequently with a three of three residents in		 Director of Nursing or designee win audit service plans monthly for timely completion and interdisciplinary meet requirements have been met and rep findings in QAPI. 	ting	

AND PLAN OF CORRECTION	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:	
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R 483 Continued From pag	e 2	R 483	THE PARTY OF THE P	
the sample (Residen	ts #1, #2, and #3).			
Findings included:				
on 07/31/18 at 10:50 been updated on 04/0 change of the addition. The ISP, however, last that it had been review healthcare practitione the IDT team. 2. Review of Resident record on 08/01/18 at resident was admitted lacked documented et Continued review of Remedical record reveal dated 01/10/18. The IS	at #2's current medical 11:50 AM showed that the i on 01/10/18. The record vidence of a pre-ISP. desident #2's current ed a post move-in ISP SP, however, lacked			
30 days after admissic months thereafter in J	that it had been reviewed on on 02/10/18 and six uly 2018. #3's current medical record			
on 08/01/18 at 1:30 PM was admitted 11/01/07 record revealed an ISF Additionally, the record	M showed that the resident '. Continued review of the dated 01/30/18. I lacked documented eview was conducted six			
nurse stated that going that residents ISPs wer	08/01/18 at 2:00 PM, the process of the process of the second of the process of t			
that the ISPs were deve required for Resdients	ey, the ALR failed to ensure eloped and reviewed as #1, #2, and #3.			
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ALR-0010 STREET ADDRESS, CITY, STATE, ZIP CODE 3050 MILITARY ROAD NW WASHINGTON, DC 20015 R 593 R 593 R 593 Sec. 701d6 Staffing Standards. (6) Assure that there is at least one staff member within the ALR at all times who is certified in first-aid and CPR; Based on record review and interview, the ALA failed to ensure that at least one staff person within the ALR was certified in CPR/First Aid for two of seven staff in the sample (LPN and RN #2). Findings included: Review of the personnel records for LPN and RN #2 on 08/01/18 at 9:14 AM showed no evidence of CPR/First Aid certifications for LPN and RN #2 had expired in September 2017. During an interview on 08/01/18 at 11:15 AM, the ALA confirmed that the CPR/First Aid certifications for LPN and RN #2 were expired. The ALA further stated that a CPR/First Aid certifications for LPN and RN #2 were expired. The ALA further stated that a CPR/First Aid certifications for LPN and RN #2 were expired. The ALA further stated that a CPR/First Aid certifications for LPN and RN #2 were expired. The ALA further stated that a CPR/First Aid certifications for LPN and RN #2 were expired. The ALA further stated that a CPR/First Aid certifications for LPN and RN #2 were expired. The ALA further stated that a CPR/First Aid certifications for LPN and RN #2 were expired. The ALA further stated that a CPR/First Aid certifications for LPN and RN #2 were expired. The ALA further stated that a CPR/First Aid certifications for LPN and RN #2 were expired. The ALA further stated that a CPR/First Aid certifications for LPN and RN #2 were expired. The ALA further stated that a CPR/First Aid certifications for LPN and RN #2 were expired. The ALA further stated that a CPR/First Aid certifications for LPN and RN #2 were expired. The ALA further stated that a CPR/First Aid certifications for LPN and RN #2 were expired. The ALA further stated that the CPR/First Aid certifications for LPN and RN #2 were expired. The ALA further stated that the CPR/First Aid certifications for LPN and RN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X3) DATE SURVEY COMPLETED		
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(a) An ALR shall ensure that the interior of its facility including walls, ceilings, doors, windows, equipment, and fixtures are maintained structurally sound, sanitary, and in good repair. Based on observation and interview, the ALR failed to ensure that kitchen refrigeration equipment was structurally sound and in good	ALA confirmed that certifications for LPI The ALA further stat training would be sc	the CPR/First Aid N and RN #2 were expired. red that a CPR/First Aid				
facility including walls, ceilings, doors, windows, equipment, and fixtures are maintained structurally sound, sanitary, and in good repair. Based on observation and interview, the ALR failed to ensure that kitchen refrigeration equipment was structurally sound and in good	R 981 Sec. 1004a General	Building Interior	R 981			
	facility including wall equipment, and fixtu structurally sound, so Based on observatio failed to ensure that equipment was struc	s, cellings, doors, windows, res are maintained anitary, and in good repair. n and interview, the ALR kitchen refrigeration				
Findings included:	Findings included:					

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	B WING		08/01/2018	
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R 981	Continued From page	ge 4	R 981			
	Observation on 07/3	31/18 at 12:30 PM of the		The refrigerator was replaced or	08/01/18	
	ALR's kitchen refrigi	erator showed that the		08/01/18 and is in good repair to		
	temperature was 46	.1 degrees Fahrenheit. The d milk, juice, apple sauce,		ensure proper food sanitation.		
	pudding, and yogurt	. The facility's ALA chose to		2. Distant manager will conduct		
	discard foods inside	the refrigerator and cease		Dietary manager will conduct in-servicing for staff regarding	08/31/18	
	had another residen	uld be noted that the facility tial grade refrigerator that		proper refrigerator temperature	00/01/10	
	was available as a re	eplacement.		requirements.		
	Eollow up observatio	one on 09/04/49 at 2:20 Dtd				
	showed a metal pan	ons on 08/01/18 at 3:30 PM of tuna salad within the		3. Dietary manager or desginee will		
	refrigerator that had	a temperature of 55 degrees		check refrigerator temperature twic		
	Fahrenheit. During a	n interview on 08/01/18 at		day to ensure proper temperature for	or 09/13/18	
	the tuna salad had be	General Manager stated that		food sanitation and report finding in QAPI.		
	approximately 3:00 F	M. The General Manager		IN GAPI.		
	further stated that the	tuna salad would be placed				
	on ice to bring the ter	mperature down. It should be				
	refrigerator at 3:37 P	rature of the replacement M was 40 degrees				
	Fahrenheit.	iida ia dagi saa				
	At the time of the sur	vev the ALP failed to				
ľ	maintain refrigeration ensure proper food s	equipment in good repair to				
R1003	Sec. 1006c Bathroom	ns.	R1003			
	(c) An ALR shall insu	re that the temperature of				
	the hot water at all tar	os to which residents have				
	access is controlled b	y the use of thermostatically				
	controlled mixing valv	es or by other means, e source, so that the water				
	temperature does not	exceed 110 degrees				
	Fahrenheit,	-				
50	Based on observation	and interview, the ALR				
	did not exceed 110 de	ne hot water temperatures grees Fahrenheit in three of	1			

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING **ALR-0010** 08/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3050 MILITARY ROAD NW INGLESIDE AT ROCK CREEK WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) R1003 Continued From page 5 R1003 1. Water temperatures in #040, 08/02/18 #041 and #045 were corrected the six bathrooms inspected (Apartments #045, #041, and #040). on 08/02/18. Findings included: 2. Maintenance director will conduct education for maintenance During the environmental inspection on 07/31/18 08/31/18 staff on proper water temperature at 11:16 AM, the hot water temperature measured regulations and daily monitoring. 117 degrees Fahrenheit at the hand sink in the bathroom of Apartment #045. Further observations conducted on the same day showed 3. Maintenance director or designee the following hot water temperatures recorded at will conduct daily water temperature the bathroom hand sink in each specified 09/13/18 audits and report location: findings to QAPI Apartment #041 = 118.6 degrees Fahrenheit Apartment #040 = 124 degrees Fahrenheit During an interview on 07/31/18 at 11:23 AM, the Maintenance Director stated that a mechanism under the bathroom sink needed to be adjusted in order for the temperature of the water to be decreased. Follow-up observations on 08/1/18 at 2:20 PM showed the hot water temperatures at the hand sinks in the aforementioned apartments were 102.6, 105.6, and 107.4 degrees Fahrenheit. respectively. At the time of the survey, the ALR failed to ensure that the water temperatures did not exceed 110 degrees Fahrenheit in three of the six apartment bathrooms inspected.

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